

Governor's School Health Award

2008-2009

Award Application

Governor Doyle and State Superintendent Burmaster have initiated the Governor's School Health Award to recognize and celebrate schools that support and promote healthy eating; physical activity; alcohol-, tobacco-, and drug-free lifestyles; parental and community involvement; and staff wellness. The award program requires a school to assess its current policies, practices, and programs to determine if they meet best practice criteria in the areas of 1) school health program management; 2) nutrition; 3) physical activity; 4) alcohol-, tobacco-, and drug-free lifestyles; 5) parent and school partnerships; and 6) staff wellness. Once a school completes the assessment, steps can be planned and taken to address the identified gaps. In addition, the strengths and successes of your school health program can now be documented and promoted to administration, staff, students, parents, and the community.

The Governor's School Health Award application process is web-based and can be completed by visiting www.schoolhealthaward.wi.gov. The award application that you are looking at now is intended to be used as a worksheet for review and discussion prior to completing the online application. Please do not submit this application to DPI.

Past award recipients are eligible to apply again to advance to a new award level (i.e., bronze to silver, silver to gold). Schools that have received a Gold Governor's School Health Award will be required to meet additional requirements to maintain that status. Go to www.schoolhealthaward.wi.gov and click on "Keeping the Gold" link to learn more about these additional requirements.

Pre-registration is required for all schools who want to apply for an award. Make sure to complete and submit the online pre-registration form at www.schoolhealthaward.wi.gov.

Note: Questions followed by the words **BASELINE REQUIREMENT** are required to obtain any of the three award levels (i.e., bronze, silver, gold).

Reminder: This application document is to be used for internal purposes only and it should not be submitted as your school's award application. The Governor's School Health Award application is web-based and you can complete the application by going to www.schoolhealthaward.wi.gov.

General Information

1. School Name: _____
2. School Address: _____
3. School District Name: _____
4. Please list the name of the school principal. _____
5. This award application has to be approved by the school principal prior to submission. Have you obtained approval from your principal to submit this application?
☐ Yes
☐ No *STOP. Award applications that do not have administrative approval will not be accepted.*
6. Mark the grade levels that are in your school?
☐ Kindergarten
☐ 1st
☐ 2nd
☐ 3rd
☐ 4th
☐ 5th
☐ 6th
☐ 7th
☐ 8th
☐ 9th
☐ 10th
☐ 11th
☐ 12th
7. Please list name, phone number, and email address of the person that can be contacted about the award application.

Name: _____
Phone # (____) _____
Email address: _____

8. It is recommended that completion of this application involve school staff and other partners. What school staff and outside partners were involved with preparation and submission of this application? (Check all that apply.)

- ☐ Administrator
- ☐ Nutrition Services
- ☐ Physical Education
- ☐ Health Education
- ☐ School Nurse
- ☐ District Medical Advisor
- ☐ Parents
- ☐ School Counselor, Psychologist or Social Worker
- ☐ Other classroom teacher
- ☐ Students
- ☐ Private Business
- ☐ PTO or PTA
- ☐ Public Health Department
- ☐ Boys and Girls Clubs
- ☐ Local Community Coalition
- ☐ YMCA/YWCA
- ☐ Park and Recreation Department
- ☐ Bicycling association
- ☐ Other. Please describe:

Directions

Answer the following award criteria questions based on your school's accomplishments and activities in the **past 18 months**, unless otherwise specified.

The criteria questions that are followed by the words **BASELINE REQUIREMENT** are REQUIRED to obtain any of the three award levels (i.e., bronze, silver, gold). Each response has an associated point value, so answer each question as completely as possible. These points will be used to determine what award level your school has achieved.

School Health Advisory Council

9. Does your school have an active School Health Advisory Council? (**BASELINE REQUIREMENT**)
(A School Health Advisory Council is a body of individuals that coordinate, develop, and/or advise on the services, programs, and strategies used by a school to address the health and well-being of students and staff and their families.)
- ☐ Yes
 - ☐ No
10. During the past 18 months, how often did your School Health Advisory Council meet? (**BASELINE REQUIREMENT**)
- ☐ We did not meet
 - ☐ 1 time
 - ☐ 2-3 times
 - ☐ 4 or more times
 - ☐ We do not have a School Health Advisory Council
11. What polices and programs does the School Health Advisory Council oversee? (Check all that apply.) (**BASELINE REQUIREMENT**)
- ☐ Physical Activity
 - ☐ Healthy Eating/Nutrition Environment
 - ☐ Tobacco-free lifestyle
 - ☐ Drug education and prevention
 - ☐ Staff Wellness
 - ☐ School Wellness Policy
 - ☐ Parent and community involvement
 - ☐ We do not have a School Health Advisory Council
 - ☐ Other, please describe _____

12. During the past 12 months, which of the following have been actively involved on the School Health Advisory Council? (Check all that apply.)

- ☐ Administrator
- ☐ Food Services
- ☐ Registered Dietitian or Dietetic Technician
- ☐ Physical Education Teacher
- ☐ Health Education Teacher
- ☐ School Nurse
- ☐ District Medical Advisor
- ☐ Parents
- ☐ School Counselor, Psychologist or Social Worker
- ☐ Other teacher(s)
- ☐ Students
- ☐ Community Coalition Representative (nutrition, physical activity, and/or tobacco)
- ☐ PTO or PTA
- ☐ School Board member
- ☐ Public Health Department
- ☐ We do not have a School Health Advisory Council
- ☐ Other, please describe: _____

13. During the past 18 months what functions did the School Health Advisory Council carry out at your school? (Check all that apply.)

- ☐ Program planning
- ☐ Parent and community involvement
- ☐ Advocacy for school health
- ☐ Recruitment of community health resources
- ☐ Fiscal planning
- ☐ Evaluation, accountability, and quality control
- ☐ We do not have a School Health Advisory Council
- ☐ Other, please describe: _____

14. Does your school or school district provide financial, staff, or other in-kind support to the School Health Advisory Council?

- ☐ Yes
- ☐ No

15. What type of support is provided for your School Health Advisory Council? (Check all that apply.)

- ☐ Clerical Support (copying, mailing, meeting rooms, minutes)
- ☐ Administrative Support (time and travel for teachers, foodservice staff, physical education staff, etc.)
- ☐ Total support < 1 FTE per meeting
- ☐ Total support > 1 FTE per meeting
- ☐ Budget < \$1,000
- ☐ Budget > \$1,000
- ☐ No support is provided
- ☐ Other, please describe: _____

School Wellness Policy

16. Does your school have a School Wellness Policy? (**BASELINE REQUIREMENT**)

- ☐ Yes
- ☐ No

Include a copy of your School Wellness Policy as Appendix A in the appendices package that will be mailed to DPI. To meet this award criteria the required appendix item needs to be sent to DPI.

17. Does your school have a person(s) charged with operational responsibility to ensure that your school is implementing the School Wellness Policy? (**BASELINE REQUIREMENT**)

- ☐ Yes

If yes, provide the name and title of the person(s) responsible:

- ☐ No

18. How does your school communicate the School Wellness Policy to staff, students, and the community? (Check all that apply.)

- ☐ School newsletter
- ☐ School website
- ☐ Student handbook
- ☐ Staff meetings
- ☐ Parent meetings
- ☐ School Board meetings
- ☐ Local newspaper
- ☐ Not done
- ☐ Other, please describe: _____

19. Does your school have regularly scheduled (monthly, bi-monthly) compliance checks to assess the progress on implementing the School Wellness Policy?

- ☐ Yes
- ☐ No

20. Has your school evaluated the implementation and impact of the School Wellness Policy?

- ☐ Yes
- ☐ No

21. Does your school have a plan to share evaluation results with the school board and administration?

- ☐ Yes
- ☐ No

22. What School Wellness Policy areas has your school defined steps for implementing an action plan? (Check all that apply.)

- ☐ Nutrition goals
- ☐ Physical activity goals
- ☐ Other activities designed to promote student wellness
- ☐ Nutrition guidelines for all foods served, sold, and distributed
- ☐ No action plan exists
- ☐ Other, please describe: _____

Include a copy of your action plan as Appendix B in the appendices package that will be mailed to DPI. To meet this award criteria the required appendix item needs to be sent to DPI.

Activity and Movement

23. Do students in your school participate in physical education for at least 90 minutes per week in grades K-8 or at least 175 minutes per week in grades 9-12? (**BASELINE REQUIREMENT**)

- ☐ Yes
- ☐ No

24. What other physical activities outside of class time do students participate in? (Check all that apply.) (**BASELINE REQUIREMENT**)

- ☐ Active recess
- ☐ Extra credit activities for PE class
- ☐ Intramurals
- ☐ Open gym time
- ☐ After school activities
- ☐ Team sports
- ☐ Youth sports
- ☐ None
- ☐ Other, please describe _____

25. What percent of the school's students get at least 60 minutes of physical activity on at least five days per week? (**BASELINE REQUIREMENT**)

Note: Physical activity time can be counted as PE time plus any other activity that you are able to document such as extra credit sheets, active recess, team or club sports, intramurals, open gyms, after school programs, pedometer use, etc.

- ☐ Less than 50%
- ☐ 50-64%
- ☐ 65-79%
- ☐ 80+%
- ☐ Don't know

26. What method(s) does your school use for verifying the percent of students meeting the goal of 60 minutes of activity per day? (Check all that apply.)

(**BASELINE REQUIREMENT**)

- ☐ PE class time plus signed sheets verified and recorded by PE teacher
- ☐ Participation records for sports, intramurals, clubs, open gym and other before and after school activities
- ☐ Tracking of activity with pedometers or some other measuring device (e.g., 1000 steps = 10 minutes).
- ☐ None
- ☐ Other methods, please describe: _____

Physical Activity/Education Standards/Curriculum

27. Does this school have a Wisconsin DPI licensed PE instructor running the PE classes? **(BASELINE REQUIREMENT)**

- ☐ Yes
- ☐ No
- ☐ Please list license numbers in the textbox. _____

28. How many times per week would a typical PE class meet? **(BASELINE REQUIREMENT)**

- ☐ 1x / week
- ☐ 2x / week
- ☐ Every other day (average 2.5 times per week)
- ☐ 3x / week
- ☐ 4x / week
- ☐ 5x / week

29. In an average PE class, what percent of the time are the students physically active? **(BASELINE REQUIREMENT)**

- ☐ Less than 20%
- ☐ 20%-39%
- ☐ 40%-59%
- ☐ 60%-79%
- ☐ 80% or greater

30. What national model curriculum does the school use that emphasizes health related fitness and lifetime sport activities? (Select only one.)

- ☐ Physical Best
- ☐ CATCH
- ☐ SPARK
- ☐ Station PE
- ☐ None

31. Does your school have an annual PE curriculum schedule?

- ☐ Yes
- ☐ No

Include a copy of your annual PE curriculum schedule as Appendix C in the appendices package that will be mailed to DPI. To meet this award criteria the required appendix item needs to be sent to DPI.

32. Is the school's PE curriculum sequential and are the Wisconsin PE standards integrated into the curriculum?

- ☐ Yes
- ☐ No

Include a copy of an outline demonstrating integration of the Wisconsin PE standards as Appendix D in the appendices package that will be mailed to DPI. To meet this award criteria the required appendix item needs to be sent to DPI.

Physical Activity/Education Assessment

33. What assessment strategies are used in the physical education classes? (Check all that apply.) **(BASELINE REQUIREMENT)**

- ☐ Written
- ☐ Rubrics/guidelines for skills
- ☐ Rubrics/guidelines for social and self responsibility
- ☐ Portfolios
- ☐ Self reflection and goal setting
- ☐ None
- ☐ Other, please describe: _____

34. What evidence-based health assessment tool does your school use to test a student's fitness level?

- ☐ Fitnessgram (Physical Best curriculum assessment instrument)
- ☐ None
- ☐ Other, please describe: _____

Physical Activity/Education Promotion

35. What does your school do to promote physical activity at the school, in the home, and in the community? (Check all that apply.) **(BASELINE REQUIREMENT)**

- ☐ Newsletters
- ☐ Activity calendars
- ☐ Activity events
- ☐ Activity clubs
- ☐ Summer shape-up
- ☐ Governor's Challenge
- ☐ Walk to school programs
- ☐ Movin' and Munchin' Schools
- ☐ Fit Kids Challenge
- ☐ None
- ☐ Other, please describe: _____

Include a copy of a promotional activity as Appendix E in the appendices package that will be mailed to DPI. To meet this award criteria the required appendix item needs to be sent to DPI.

36. What types of activities are available outside of class time to promote physical activity? (Check all that apply.)

- ☐ Open gym
- ☐ Fitness nights
- ☐ In school walking paths
- ☐ Community activities
- ☐ No activities
- ☐ Other, please describe: _____

37. What community organizations have partnerships with the school to promote being active outside of school hours? (Check all that apply.)

- ☐ PTA or PTO
- ☐ Boys and Girls Clubs
- ☐ YMCA/YWCA
- ☐ Park and Recreation department
- ☐ After-school programs
- ☐ Bicycling association
- ☐ No partnerships exist
- ☐ Other, please describe: _____

38. How does your school work with the above community organizations to promote physical activity? (Check all that apply.)

- ☐ Provide access to school facilities for **community members** to be physically active.
- ☐ Provide access to community facilities **for students and school staff** to be physically active
- ☐ Co-sponsored events with community groups or organizations
- ☐ No partnerships exist
- ☐ Other, please describe: _____

School Breakfast

39. Does your school participate in the USDA School Breakfast Program? (**BASELINE REQUIREMENT**)

- ☐ Yes
- ☐ No

40. The school's breakfast participation rate has increased over the last year by:

- ☐ Less than 15%
- ☐ 15%-20%
- ☐ 21%-25%
- ☐ 26%-30%
- ☐ 30% or greater
- ☐ No school breakfast program

41. What is your school currently doing to enhance participation in the School Breakfast Program? (Check all that apply.)

- ☐ Grab n' Go Breakfast
- ☐ Breakfast in the Classroom
- ☐ Mid-morning nutrition break/Breakfast after the 1st period of instruction
- ☐ Universally free breakfast
- ☐ Marketing and promotion of the School Breakfast Program to students, parents, staff, and school administration
- ☐ No school breakfast program

If you answered Yes to Question 39 and answered the School Breakfast Program questions (#40 and #41), SKIP now to question 44 (i.e., steps to assure access to breakfast).

42. If your school does not have a School Breakfast Program, has an assessment of student breakfast consumption been completed in the current or preceding school year? (**BASELINE REQUIREMENT**, **only** if your school does not have a School Breakfast Program)
NOTE: For an assessment tool, schools are required to use USDA's Student Surveys for School Breakfast. These surveys can be downloaded at: <http://www.fns.usda.gov/cnd/Breakfast/toolkit/resources.htm>

- ☐ Yes
☐ No

Include a copy of your student breakfast consumption assessment results as Appendix F in the appendices package that will be sent to DPI. To meet this award criteria the required appendix item needs to be sent to DPI.

43. From the assessment of student breakfast consumption, what was the percentage of students who ate breakfast on the day of the survey?

- ☐ Less than 80%
☐ 80%-84%
☐ 85%-89%
☐ 90% or greater
☐ No assessment was completed

44. Has your school taken steps to assure that students have access to a breakfast meal?

- ☐ Yes
☐ No

45. What is your school's percentage of students eligible for free and reduced price meals?

- ☐ Less than 10%
☐ 10% or more

46. Has your school taken steps to educate parents and students on the importance of regular breakfast consumption?

- ☐ Yes
☐ No

School Meals

Include a copy of a cafeteria menu (one week, minimum) as Appendix G in the appendices package that will be mailed to DPI. To meet this award criteria the required appendix item needs to be sent to DPI.

47. Is the school food service manager a: (Check only one.) (**BASELINE REQUIREMENT**)

- ☐ Registered Dietitian
☐ Registered Dietetic Technician
☐ Certified Dietary Manager
☐ Professionally Trained Foodservice Manager (4-year degree)
☐ School Nutrition Specialist
☐ Other, please describe: _____

***Note for "Other" column: Certified Executive Chef would be an acceptable answer*

48. How many hours does the food service staff member who is responsible for menu planning participate in professional development activities related to a healthy school environment? **(BASELINE REQUIREMENT):** *Note: Professional development activities may include school in-services, continuing education (web-based, distance learning or on-site) events including School Nutrition Association (regional, state and national conferences), DPI School Nutrition Team courses and workshops, National Food Service Management Institute trainings, and area technical college courses.*
- ☐ Fewer than 6 hours per year
 - ☐ 6-8 hours per year
 - ☐ 9-14 hours per year
 - ☐ 15 hours per year or more
49. How many hours does each food service staff member responsible for preparing and serving the food participate in professional development activities related to a healthy school environment? **(BASELINE REQUIREMENT)** *Note: Professional development activities may include school in-services, continuing education (web-based, distance learning or on-site) events including School Nutrition Association (regional, state and national conferences), DPI School Nutrition Team courses and workshops, National Food Service Management Institute trainings, and area technical college courses.*
- ☐ Fewer than 6 hours per year
 - ☐ 6 hours per year
 - ☐ 7-9 hours per year
 - ☐ 10 hours per year or more
50. Is the school's Food Service Manager part of the administrative team or have regular communications with school administration?
- ☐ Yes
 - ☐ No
51. Do students have at least 10 minutes of uninterrupted time to eat breakfast after receiving their meal?
- ☐ Yes
 - ☐ No
52. Do students have 20 minutes or more of uninterrupted time to eat lunch after receiving their meal?
- ☐ Yes
 - ☐ No
 - ☐ No school breakfast program
53. Does your school menu for breakfast and/or lunch include at least 3 different servings of fruits and at least 5 different servings of vegetables per week? **(BASELINE REQUIREMENT)**
- ☐ Yes
 - ☐ No
54. Does the school's menu for breakfast and/or lunch include fruits or vegetables that are dark green or orange on 3 or more days per week?
- ☐ Yes
 - ☐ No

55. Does the school's menu for breakfast and/or lunch include fresh fruit or raw vegetables at least 3 times per week?

- ☐ Yes
- ☐ No

56. Does your school menu for breakfast and/or lunch include at least one serving of a whole-grain food each day?

Note: Whole grains shall consist of the intact, ground, cracked or flaked grain seed whose principal anatomical components-the starchy endosperm, germ and bran-are present in the same relative proportions as they exist in the intact grain seed. Look to see that grains such as wheat, rice, oats, or corn are referred to as "whole" in the list of ingredients and that the whole grain is listed as the first grain ingredient.

- ☐ Yes
- ☐ No

57. What are the daily standard milk choices served in your school? (Check all that apply.) **(BASELINE REQUIREMENT)**

- ☐ Fat-free (skim)
- ☐ Low-fat (1%)
- ☐ Reduced Fat (2%)
- ☐ Whole Milk
- ☐ Low-fat or Fat-free Flavored
- ☐ Reduced Fat or Whole Flavored

58. How does your school meal program control calories received by high-fat condiments (e.g., salad dressing, mayonnaise, cream cheese)? (Check all that apply.) **(BASELINE REQUIREMENT)**

- ☐ Portioning the condiments
- ☐ Using/offering reduced-fat alternatives
- ☐ Other, please describe: _____

59. How does your school meal program control calories received by high sugar condiments (e.g., ketchup, jelly)? (Check all that apply.) **(BASELINE REQUIREMENT)**

- ☐ Portioning the condiments
- ☐ Using/offering reduced-sugar alternatives
- ☐ Other, please describe: _____

60. Does your school promote school meals and healthy choices through the following strategies? (Check all that apply.) **(BASELINE REQUIREMENT)**

- ☐ Promotional Items: posters, flyers, placemats, table tents and/or danglers, bulletin boards,
- ☐ Information to/involving parents and community: information on menus, information on websites, articles in the school newsletter, local media – press releases, articles, features.
- ☐ Information to/involving students: PSAs on the public address system, student led advertising, contests, participation in health observances (Fruit and Veggie Month, School Breakfast Week), food sampling
- ☐ No promotion is done
- ☐ Other, please describe: _____

61. How many promotions does the school food service sponsor each school year?

Note: Examples of promotions includes activities done during National School Lunch Week and/or National School Breakfast Week. Promotional items can be in the form of flyers, brochures, posters, PSAs, that are disseminated through use of various means including the school's website, lunch menus, bulletin boards, and the school's newsletter.

- ☐ 0-2
- ☐ 3-5
- ☐ 6-8
- ☐ 9-11
- ☐ 12 or more

Nutrition Education

62. What percentage of grade levels in your school have nutrition education included in the curriculum? (**BASELINE REQUIREMENT**)

(Definition: Nutrition education positively influences students' eating behaviors by educating students on good nutritional habits and making healthy food choices. See nutrition education learning objectives on page 22.)

- ☐ None or fewer than 50% of the grade levels
- ☐ 50% to 75% of the grade levels
- ☐ 75% to <100% of the grade levels
- ☐ All grade levels

63. Do students who receive nutrition education get 10 or more hours in an academic year? (**BASELINE REQUIREMENT**)

- ☐ Yes
- ☐ No

64. Does the school's nutrition education curriculum ... (Check all that apply.) (**BASELINE REQUIREMENT**)

- ☐ Promote fruits and vegetables, whole grains, low-fat and fat-free dairy
- ☐ Promote healthy food preparation methods
- ☐ Emphasize caloric balance between food intake and energy expenditure
- ☐ Teach media literacy with emphasis on food marketing
- ☐ No nutrition curriculum exists
- ☐ Other, please describe: _____

65. Does the staff who provide nutrition education instruction participate in two or more hours of nutrition related professional development activities each year? (**BASELINE REQUIREMENT**)

- ☐ Yes
- ☐ No

66. Is nutrition education coordinated between your school meal program and classroom instruction?

- ☐ Yes
- ☐ No

67. What types of coordinated nutrition activities have been conducted over the last year? (Check all that apply)

- ☐ Cooks in the classroom
- ☐ School meal program includes foods that are part of current lessons
- ☐ Cafeteria promotions
- ☐ Staff serve as role models for students
- ☐ School gardens, Farm to School Programs, Wisconsin Homegrown Lunch
- ☐ None
- ☐ Other, please describe: _____

All Foods and Beverages Available at School

68. Has your school completed an inventory/assessment of all foods and beverages available on the school campus including: school meals, a la carte items, snack and beverage vending, after school programs, and school events (e.g. celebrations, class snacks, meetings, concessions, intramural activities, and fundraisers)? (**BASELINE REQUIREMENT**)

- ☐ Yes
- ☐ No

69. Who were the results of the inventory/assessment shared with? (Check all that apply.) (**BASELINE REQUIREMENT**)

- ☐ School Board
- ☐ PTA or PTO
- ☐ Media
- ☐ School website or newsletter
- ☐ Administrator(s)
- ☐ School staff
- ☐ School Health Advisory Council
- ☐ School Wellness Policy Committee
- ☐ Students/student groups
- ☐ Community
- ☐ We did not do an inventory/assessment

70. What changes have been made on your school campus and at school events based on the results of the food and beverage inventory/assessment? (Check all that apply.)

- ☐ Increased healthy food and beverage options available on the school campus
- ☐ Reduced or eliminated foods and beverages of minimal or low nutritional value that are sold on the school campus
- ☐ Limited access to foods and beverages of minimal or low nutritional value (hours of sale, number and location of distribution or sales points)
- ☐ Modified vending contract(s) (change food and/or beverage options available; specify portion sizes; address advertising of food and/or beverage products or logos)
- ☐ Labeled healthy food choices with point of decision prompts
- ☐ Provided nutrition information
- ☐ Made drinking water readily available
- ☐ Limited celebrations that involve food and/or beverages during the day to no more than one party per class per month
- ☐ Provided fundraising organizations with examples of foods and beverages that meet the nutrition standards.
- ☐ We did not do an inventory/assessment
- ☐ Other, please describe: _____

71. Does your school have a written policy(s) and/or administrative procedure(s) about foods and beverages available on the school campus and school events for **all** of the following areas below?

- ☐ Yes
- ☐ No

Elementary Schools

Vending
Fundraisers
Student rewards
Classrooms
School meal program

Middle & High Schools

Vending
Fundraisers
Student rewards
Classrooms
School meal program
Snack bars/school store
Sporting and extracurricular events
Cafeteria a la carte lines

72. Has your school completed a **post** inventory/assessment of **all** foods and beverages available on the school campus including: school meals, a la carte items, snack and beverage vending, after school programs, and school events (e.g. celebrations, class snacks, meetings, concessions, intramural activities, and fundraisers)?

- ☐ Yes
- ☐ No

Include a copy of post inventory/assessment as Appendix H in the appendices package that will be mailed to DPI. To meet this award criteria the required appendix item needs to be sent to DPI.

73. Does your school wellness/food and beverage policy/administrative procedures: (Check all that apply.) (**BASELINE REQUIREMENT**)

- ☐ Meet the Alliance for a Healthier Generation Beverage Guidelines?
http://www.healthiergeneration.org/schools.aspx?id=108&ekmense1=1ef02451_10_16_btnlink
- ☐ Meet the Alliance for a Healthier Generation Competitive Food Guidelines?
http://www.healthiergeneration.org/schools.aspx?id=128&ekmense1=1ef02451_10_18_btnlink
- ☐ Meet the Nutrition Standards for Foods in Schools: Leading the Way Toward Healthier Youth?
<http://www.iom.edu/CMS/3788/30181/42502.aspx>
- ☐ Does not meet any of the above guidelines.

74. Is the food and beverage policy(s) and/or procedure(s) disseminated annually to all those who may be providing foods and beverages on the school campus or at school events?

- ☐ Yes
- ☐ No

75. How does your school promote the availability of healthy food and beverage choices? (Check all that apply.)

- ☐ Place in a more prominent position than less nutritious choices
- ☐ Offer at a similar or lower cost than less nutritious choices
- ☐ Display nutritional information about available foods
- ☐ Display promotional materials such as posters
- ☐ Offer taste testing opportunities
- ☐ Make school-wide audio or video announcements
- ☐ Contests
- ☐ Identification of healthier food item
- ☐ School provides fundraising organizations with examples of foods and beverages that meet the nutrition standards.
- ☐ Decision prompts
- ☐ Student to student marketing
- ☐ No promotion is done
- ☐ Other, please describe: _____

Alcohol, Tobacco, and Other Drug Prevention

76. Does your school have signage publicizing the school district's policies prohibiting the use of alcohol, tobacco, and other drugs (ATOD)? (**BASELINE REQUIREMENT**)

- ☐ Yes
- ☐ No

77. Where are these signs located? (Check all that apply.)

- ☐ All public entrances to school building
- ☐ All public entrances to school grounds
- ☐ School vehicles
- ☐ No signs exist
- ☐ Other, please describe: _____

78. Does your school communicate at least annually to students, parents, staff, and community members the school district's ATOD policies? (**BASELINE REQUIREMENT**)

- ☐ Yes
- ☐ No

79. How has your school communicated the school district ATOD policies to staff, students, and community members? (Check all that apply.)

(BASELINE REQUIREMENT)

- ☐ School newsletter
- ☐ School website
- ☐ Student handbook
- ☐ Staff meetings
- ☐ Parent meetings
- ☐ Co-curricular code
- ☐ School Board meetings
- ☐ Local newspaper
- ☐ Not done
- ☐ Other, please describe: _____

80. Who are the people/positions responsible for monitoring the ATOD policy compliance at your school? (Check all that apply.) **(BASELINE REQUIREMENT)**

(BASELINE REQUIREMENT)

- ☐ Principal
- ☐ Assistant principal
- ☐ School police liaison
- ☐ Counselor, social worker, psychologist
- ☐ Student assistance program coordinator
- ☐ Not done
- ☐ Other, please describe: _____

81. Has your school monitored their compliance to the school district's ATOD policies? **(BASELINE REQUIREMENT)**

- ☐ Yes
- ☐ No

82. Does your school use an evidence-based ATOD prevention program(s)?

- ☐ Yes
- ☐ No

83. In what grades are these ATOD evidence-based programs implemented in your school? (Check all that apply.) **(BASELINE REQUIREMENT)**

- ☐ Kindergarten
- ☐ 1st grade
- ☐ 2nd grade
- ☐ 3rd grade
- ☐ 4th grade
- ☐ 5th grade
- ☐ 6th grade
- ☐ 7th grade
- ☐ 8th grade
- ☐ 9th grade
- ☐ 10th grade
- ☐ 11th grade
- ☐ 12th grade
- ☐ Not done

84. What evidence-based program(s) does your school use? To see a list of eligible evidence-based programs go to

1) <http://dpi.wi.gov/sspw/tobaccoprogram.html>, 2) <http://dpi.wi.gov/sspw/safedrgfr.html>, and 3) <http://www.modelprograms.samhsa.gov/>

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____

85. Has your school used student data in the last three years to develop, implement, and evaluate their ATOD prevention program(s)? **(BASELINE REQUIREMENT)**

- ☐ Yes
- ☐ No

86. What type of student data has been used to develop, implement, and evaluate your ATOD prevention program(s)? (Check all that apply.) **(BASELINE REQUIREMENT)**

- ☐ Risk behavior (e.g., binge drinking, marijuana use)
- ☐ Attitudes and perception (e.g., norms among peer group, safe vs. unsafe behavior)
- ☐ Developmental assets (internal and external)
- ☐ School climate (e.g., safe environment, feelings of acceptance)
- ☐ Health outcomes (e.g., cessation program rates, detox admissions)
- ☐ Other outcomes (e.g., tobacco citations, alcohol violations)
- ☐ Not done
- ☐ Other, please describe: _____

87. How has your school used the student data in your ATOD prevention efforts? (Check all that apply.)
- ☐ Program development (e.g., targeting specific grades, selecting a evidence-based prevention program)
 - ☐ Program implementation (e.g., classroom instruction, student support groups)
 - ☐ Program evaluation (e.g., change in risk behaviors, change in school climate)
 - ☐ Not done

Parent and School Partnership

88. Does your school provide opportunities for students and their parents to be involved in joint health promotion activities with their child(ren), such as nutrition education and physical activity? **(BASELINE REQUIREMENT)**
- ☐ Yes
 - ☐ No
89. What type of health promotion activities that involved parents has your school sponsored over the last year? **(BASELINE REQUIREMENT)**
- ☐ Nutrition education (e.g., preparing healthy meals, healthy eating habits)
 - ☐ Physical activity
 - ☐ Drug prevention
 - ☐ Tobacco prevention
 - ☐ None
 - ☐ Other, please describe: _____
90. Does your school have a formal structure to foster parent and school partnerships, such as a parent advisory group, family center, or PTA?
- ☐ Yes
 - ☐ No
91. Briefly explain what the parent and school partnership has been able to accomplish over the last year in the area of health promotion.
- _____
92. Has your school recently (last 2 years) gathered feedback from parents on their priorities regarding student health and safety issues?
- ☐ Yes
 - ☐ No

Include a copy of the parent survey as Appendix I in the appendices package that will be mailed to DPI. To meet this award criteria the required appendix item needs to be sent to DPI.

Staff Wellness

93. Does your school have a specific staff wellness program or does the school wellness policy include staff? **(BASELINE REQUIREMENT)**
- ☐ Yes
 - ☐ No

Include a copy of staff wellness policy(s) or program information as Appendix J in the appendices package that will be mailed to DPI. To meet this award criteria the required appendix item needs to be sent to DPI.

94. Does your school have an identified staff wellness coordinator?

- ☐ Yes
- ☐ No

95. Which of the following steps have been taken to develop, implement, and improve a staff wellness program? (Check all that apply.)

- ☐ An assessment has been done of staff wellness needs
- ☐ An assessment of the school environment that impacts staff wellness has been done.
- ☐ A comprehensive staff wellness action plan has been developed
- ☐ The staff wellness program being implemented includes a pre and post-program evaluation.
- ☐ None
- ☐ Other, please describe: _____

96. Which of the following physical activity and healthy eating opportunities are included in the Staff Wellness Program? (Check all that apply.)

- ☐ Food and beverages served at staff functions meets the school district, Alliance for a Healthier Generation or some other national food and beverage guidelines
- ☐ Educational activities for school staff members on healthy lifestyle behaviors, healthy eating, physical activity, and injury prevention.
- ☐ Installation of convenient walking routes and fitness equipment, or making arrangements for staff use of public recreation centers or private fitness facilities with organized programs and incentives to encourage their use.
- ☐ Application of nutritional standards for foods and beverages in vending machines available to staff members on the school campus.
- ☐ Establishment of peer support groups for weight management, stress management, tobacco-use cessation, family guidance, and other identified issues.
- ☐ Time during the school day, such as "release time," during which teachers and other staff members can participate in health-promoting activities or district has other ways to create a supportive environment in the district and schools
- ☐ None
- ☐ Other, please describe: _____

97. Which of the following health components are in the Staff Wellness Program? (Check all that apply.)

- ☐ Policies to prohibit all tobacco use on school grounds by students, staff members, and school visitors.
- ☐ Periodic screening at school for blood pressure, blood cholesterol, body mass index, and other health indicators.
- ☐ Annual administration of individual health-risk appraisals to help staff members establish personal health-improvement goals.
- ☐ Linkages to established Employee Assistance Programs have been made.
- ☐ An ongoing assessment process to update and improve the effectiveness of the staff wellness plan.
- ☐ None
- ☐ Other, please describe: _____

***Question 62: Nutrition education learning objectives**

Nutrition education is designed to help students learn all of the following:

- Nutritional knowledge, including but not limited to, the benefits of healthy eating, essential nutrients, nutritional deficiencies, principles of healthy weight management, the use and misuse of dietary supplements, and safe food preparation, handling, and storage.
- Nutrition-related skills, including, but not limited to, planning a healthy meal, understanding and using food labels, and critically evaluating nutrition information, misinformation, and commercial food advertising.
- How to assess their own personal eating habits, set goals for improvement, and achieve those goals by using a food guidance system, such as MyPyramid, the Dietary Guidelines for Americans, and Nutrition Fact Labels.

Appendix

To complete your application you will need to mail in the required appendices per your responses to the application questions. Please indicate below what appendices will be mailed to DPI.

Mail the appendix to Brian Weaver, DPI, 125 S. Webster St., Madison, WI 53707-7841

- ☐ Appendix A: School Wellness Policy
 - ☐ Appendix B: School Action Plan
 - ☐ Appendix C: School's Annual PE Curriculum Schedule
 - ☐ Appendix D: Wisconsin PE Standards Integration Outline
 - ☐ Appendix E: Physical Activity Promotion at Home, School & Community
 - ☐ Appendix F: School Consumption Breakfast Assessment Results (Only for schools with no school breakfast program.)
 - ☐ Appendix G: Cafeteria Menu (One Week)
 - ☐ Appendix H: All Foods Inventory/Assessment (post-inventory)
 - ☐ Appendix I: Parent Health and Safety Survey
 - ☐ Appendix J: Staff Wellness Policy or Program Information
 - ☐ Appendix K: Other Accomplishments (optional, not included in scoring) Please describe:
-

Additional Accomplishments

The goal of this section is to capture the activities and initiatives that are innovative. Your responses will NOT be included in the overall scoring of your application so you are not required to complete this section. Information shared may be used in future efforts to highlight the good work of your school in publications, conferences and other awards/grants.

Please share with us your innovative and effective activities, programs, policies, etc... related to school health, physical activity, nutrition, ATOD prevention, staff wellness, and/or parent and community involvement that we didn't capture in the previous sections.

If you have examples to share we would like to see them, so include them As Appendix K in the appendices package that will be mailed to DPI.

Do you have a story to tell on your school's efforts to keep students and staff healthy? If yes, please take a few minutes to share that **success story** with the Governor's Office and DPI. Go to www.schoolhealthaward.wi.gov and click on the link "Got a success story?" in the low right-hand corner. Thanks!!